KENTUCKY BOARD OF PHARMACY
23 Millcreek Park, Frankfort, KY 40601-9320
Phone: 502-573-1580 / Fax: 502-573-1582
e-mail: pharmacy.board@mail.state.ky.us / www.pharmacy.ky.gov

COMPLAINT

Person Making Complaint:	**Date:**
Home Address:	**Home Phone:**
	Work Phone:
Person involved in complaint (if different than person making complaint):	

Name of Patient:	**Drug name/strength:**	**Drug amount:**
Prescription #:		**Date of fill or refill:**
Doctor's name:		**Doctor's phone:**

Name of pharmacist (if known):	
Name of pharmacy:	**Pharmacy phone:**
Pharmacy address:	

Please explain complaint (attach separate sheet if necessary):
I swear or affirm that all information contained on and with this form is true and correct to the best of my knowledge. **Signature:** **Date:**

IMPORTANT: Please submit any applicable evidence such as vials, medications, receipts, etc. with this complaint.